



**NEVADA
HEALTH
RESPONSE**

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COVID-19 Press Bulletin for 4-12-2021

Carson City, NV — Today, Caleb Cage, Nevada COVID-19 Response Director and Karissa Loper, Deputy Bureau Chief for the Bureau of Child, Family, and Community Wellness were joined by Mark Riddle, M.D., Dr.P.H., associate dean of clinical research and professor at University of Nevada, Reno School of Medicine's Department of Internal Medicine and Medical Research to provide updates on Nevada's ongoing COVID-19 response and vaccination efforts in Nevada during a call with members of the media.

This bulletin provides facts, figures, and informational items from the call. As a reminder, data is provided in a dashboard on the home page of the [Nevada Health Response](#) website.

There will NOT be a call with members of the media on Wednesday, April 14. The Governor's COVID-19 Task Force will meet on Wednesday at 10 am and Thursday starting at 1 pm. These meetings will be streamed live on the [NV Health Response YouTube channel](#).

SUMMARY:

- As of today, Nevada has logged 308,343 cases, with the 14-day rolling average of daily cases being 224.
- Nevada has now completed a total of 3,054,143 molecular tests since the beginning of COVID-19.

- The test positivity rate over the last 14 days is 5.0%.
- Today, the Nevada Hospital Association is reporting there are currently 296 COVID-19 hospitalizations (228 confirmed; 68 suspected).
- Importing backlogged data and onboarding new laboratories resulted in daily numbers showing higher than have been seen in recent trends.
- Backlogs, like the one experienced late last week, have become much less frequent, but the State continues to do everything possible to ensure Nevadans have access to timely test results.
- Several large labs have submitted historical results last week while they were onboarded.
- Historical results are added when labs are onboarded to the DHHS system so data is included in NBS as the system of record. This action is not unusual but is a higher volume than has been seen recently.
- This is a reminder of why State officials focus on trends, opposed to one day of data.
- The DHHS Office of Analytics is still reporting very slow and minor increases once we look at the cases attributed back to specimen collection date as opposed to date reported.
- Nevadans need to remain vigilant and continue following public health measures that help slow the spread of COVID-19.

- While many are heavily focused on vaccination efforts, we must remember that testing is also an important tool. Getting tested is quick, easy and painless. It helps identify new infections and slow the spread.
- As of April 11, 1,532,346 COVID-19 vaccine doses (By Resident County) were administered and reported to Nevada WebIZ.
- 38.9% of the population 16 and older has initiated vaccination and 24.6% of the population 16 and older has completed vaccination.
- The Mobile Vaccination Units, or MVU, continue to make their way across the state, bringing lifesaving vaccine to rural and tribal communities.
- On the Northern route, the event in Wellington vaccinated about 260 people and on the Southern route, 3 days of events in Pahrump resulted in over 1,000 people receiving vaccine. Both MVUs are stocked with the Janssen vaccine.
- The Northern MVU is in Silver Springs this afternoon, and the Southern MVU is in Beatty today.
- The upcoming events are in Gerlach on the Northern route and Goldfield on the Southern route on Wednesday, April 14.
- Nevadans are encouraged to check out [NVCOVIDFighter.org](https://www.nvcovidfighter.org) or call 1-800-401-0946 for the latest information on appointment availability in their county.

- There is published data from the clinical trials that shows all COVID-19 vaccinations are very effective against severe disease and death.
 - All authorized COVID-19 vaccines demonstrated high efficacy ($\geq 89\%$) against COVID-19 severe enough to require hospitalization.
 - In the clinical trials, no participants who received any of the three COVID-19 vaccines died from COVID-19; whereas the Moderna and Janssen trials each had COVID-19 deaths in the placebo group of the trial.
- The real-world data that are coming out are exciting.
 - Studies from the U.S., U.K., Israel and Denmark all support the clinical trial data results. This is remarkable because it is typically expected that post-licensure effectiveness is not as good as the trials.
 - We can learn from the Israel experience who have vaccinated a higher percentage of their population. They have vaccinated about 95% of everyone over 60 years old (Pfizer vaccine), and COVID-19 related hospitalization rates are at almost zero.
 - It is likely we will start to see signs of that with U.S. data, particularly in the higher age groups. Around 75% of people over the age of 65 have been vaccinated.
- The CDC-reported study, where they enrolled nearly 4,000 health care personnel, first responders and other frontline workers, followed them weekly for PCR testing and symptoms as vaccination roll-out was occurring.
 - This study found that after two doses of either of the mRNA vaccines, there was a 90% reduction in infection (regardless of whether they had symptoms).
 - If the virus does not infect you, you cannot get sick and you cannot spread it.

- An Israeli study demonstrated the Pfizer-BioNTech vaccine looked at the of viral load in the noses of people who were vaccinated compared to those who were not.
 - They found that starting 12 days after vaccination there was about 4 times less virus in infections among vaccinated people compared to a control population suggesting that there may also be reduced infectiousness.

- The possibility of breakthrough cases is not unexpected, given that the vaccines are not considered 100% effective.
 - It is important to see whether there are certain sub-groups (immunocompromised) or certain viral strains (variants) which might indicate the underlying factors of breakthrough cases.
 - It is also important to see if these breakthrough cases are generally less severe. This is the expected outcome.
 - It is good that public health officials in Nevada and around the world continue to follow these cases closely.

- The full remarks given by Mark Riddle, M.D., Dr.P.H., associate dean of clinical research and professor at University of Nevada, Reno School of Medicine's Department of Internal Medicine and Medical Research, can be found on the [recording of today's call with members of the media](#).

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